McLaren Caro Region 2019 Community Health Needs Assessment

A Report to the Community

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Executive Summary

Executive Summary

This report is a primary data source that complements other primary and secondary data sources collected by McLaren Caro Region for its 2019 Community Health Needs Assessment. The primary data contains information from the Community Health Survey developed and distributed by McLaren Caro Region via an online survey tool, and paper copies available at the hospital, clinics and hospital events. They also held a focus group of 7 women and 2 men consisting of: a financial institution, Tuscola ISO, City of Caro, other Medical Professionals, MSU Extension, judicial system, children's services. Ages ranged from mid/late 30s-to-70s. Key stakeholder interviews were held with three individuals from three organizations.

The survey findings are based on the responses of 131 individuals, 82.1% of whom were female. Respondents were well educated with 60.3% earning some college degree, and 50.4% reporting household incomes of $75,000 or more. The survey covered nine areas of concerns: community's health, quality of life, availability of health services, safety and environment, delivery of health services, physical health, mental health and substance abuse, senior populations, and cost considerations. It also asked about preventing access to care. Many concerns were about access to and availability of job opportunities and the growing rate of poverty, which leads to an increasing population of those with limited ability to afford health care. Concern was expressed over the lack of care for an increasing elderly population and a need for pediatric and family physicians. Survey respondents were concerned about a lack of community- wide exercise and fitness activities and lack of awareness of local health resources and services. A concern of the availability of doctors and nurses as well as mental health services was expressed with mention of needing low cost and affordable dental care.

Focus group members identified poverty as a major issue, which included a lack of large employers and opportunities for skilled trade jobs. They were also concerned about the lack of access to groceries and healthy eating options as well as education on nutrition. They acknowledge hardship for those that are low-income but not quite the lowest, therefore not being able to qualify for special programming or able to afford care. Focus group members thought most people use McLaren Caro Region because of its staff reputation, location/convenience, long-term trust and having been referred but used other providers because there is a stigma around small-community clinics not being as reliable as those that are larger. They suggested that the health of the community would be improved by having access to transportation, utilizing community resources, and creating more opportunities for community-wide wellness activities.

The stakeholder interviewees indicated that a lack of physical wellness activities and growing gerontology population with limited resources as major challenges facing the community. They were concerned about the increase in poor mental health and suicide, especially among youth. In addition, they mentioned a lack of available dental services for those who use Medicaid. The stakeholders perceived a lack of trust in the local Tuscola county hospitals but held the county health department in high esteem. Additionally, a lack of education on what insurances can provide may be deterring the use of services. They wanted the providers to become more

involved with the community and collaborate to get information out about services.

Background and Overview

Background

McLaren Caro Region is a Critical Access Hospital. The Medicare Rural Hospital Flexibility Program (Flex Program), created by Congress in 1997, allows small hospitals to be licensed as Critical Access Hospital and offers grants to States to help implement initiatives to strengthen the rural health care infrastructure.

Critical Access Hospital (CAH) Designation

A Medicare participating hospital must meet the following criteria to be designated as a CAH:

- Be located in a State that has established a State rural health plan for the State Flex Program;
- Be located in a rural area or be treated as rural under a special provision that allows qualified hospital providers in urban areas to be treated as rural for purposes of becoming a CAH;
- Demonstrate compliance with the Conditions of Participation (CoP) relevant to 42 CFR Part 485 Sub-part F at the time of application for CAH status;
- Furnish 24-hour emergency care services 7 days a week, using either on-site or on-call staff;
- Provide no more than 25 inpatient beds that can be used for either inpatient or swing bed services; however, it may also operate a distinct part rehabilitation or psychiatric unit, each with up to 10 beds;
- Have an average annual length of stay of 96 hours or less per patient for acute care (excluding swing bed services and beds that are within distinct part units); and
- Be located either more than a 35-mile drive from the nearest hospital or CAH or a 15-mile drive in areas with mountainous terrain or only secondary roads OR certified as a CAH prior to January 1, 2006, based on State designation as a “necessary provider” of healthcare services to residents in the area.

McLaren Caro Region Mission:

McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

Services

General and Acute Services:

- Cardiology
- Family Practice Clinic
- Emergency Department
- Endocrinology
- Dermatology
- Gynecology
- Hematology
- Hospital (Acute Care & Hospitalist)
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Nutrition Counseling
- Occupational Health
- Ophthalmology
- Orthopedics
- Pathology
- Pharmacy
- Podiatry
- Rheumatology
- Telehealth Services

Screening/Therapy Services:

- Chronic Disease Management DOT Physicals
- Holter/24 Hour Monitoring
- Laboratory services
- Occupational physicals
- Rehabilitation Services
- Respiratory Care
- Sleep studies
- Social services
- Total Body Fat Analysis Pelvic Health
- Therapy PFTs
- EK EEG
- Stress Testing (Nuclear & Treadmill)
- Pain Management

Radiology Services:

- CT scan
- Digital mammography
- General x-ray
- Nuclear medicine
- MRI (Thumb MRI)
- Teleradiology (After hours)
- Lower extremity circulatory assessment Ultrasound
- Bone Density Testing

What is a Community Health Needs Assessment?

The Affordable Care Act (ACA) of 2010 requires hospitals to conduct a Community Health Needs Assessment **(CHNA)** to identify health issues as well as to develop possible strategies to address these issues, adopt an implementation plan at least every three years, and be prepared to monitor and measure its progress. The first step in meeting community needs is identifying the needs. Using an objective approach helps ensure that priorities are based on evidence and accurate information. The assessment process used by McLaren Caro Region included a trifecta approach of reviewing three sources of primary data. In the trifecta approach, when there are three sources of data that illustrate a need, there is a greater likelihood that addressing that need will produce a powerful impact.

Three methods were used to collect primary data:

- Surveys: Surveys were distributed utilizing the Hospital's email data base for an online version, and paper copies were available for completion at the Hospital clinics and hospital events.
    - 34 questions covering Community Assets, Community Concerns, Delivery of Health Care and Demographic Information.
- Focus Groups: The Hospital held one focus group. Participants included afocus group of 7 women and **2** men. Participants represented: a financial institution, Tuscola **ISO,** City of Caro, other Medical Professionals, MSU Extension, judicial system, children's services. Ages ranged from mid/late 30s-to-70s
- Key Stakeholder Interviews: Three key community members were identified by hospital staff, representing three separate community organizations/businesses.

In addition to the primary data, secondary data was reviewed for comparison to state rates and McLaren Caro Region service area. The **CHNA** process was followed by a prioritization process and implementation meeting. Once priorities were selected, there was an assessment of existing services and programs. This assessment was used to identify gaps in services and develop strategies to address the priority needs. These strategies are then organized into an implementation plan and progress will be monitored.

- This is the third cycle of Community Health Assessment and Planning. The second cycle was completed in 2015-2016. The process is intended to be completed on a three-year cycle that aligns with Affordable Care Act requirements. The 2019 CHNA report includes a review of the 2016 implementation plan and progress toward targets.

Why is a Community Health Needs Assessment valuable?

Most experts agree that there are many challenges facing healthcare today. Rapidly changing technology, increased training needs, recruiting medical professionals, and responding to health needs of a growing senior citizen population are just a few of the most pressing challenges. These challenges occur at a time when resources for families and healthcare providers are stretched.

These conditions make the Community Health Needs Assessment **(CHNA)** process even more critical. A CHNA helps to direct resources to issues that have the greatest potential for increasing life expectancy, improving quality of life, and producing savings to the healthcare system.

Needs Assessment Process

Process Overview

Steps in Process

In December 2015, the members of the Thumb CHNA Collaboration received training from the University of North Dakota on best practices in the field of Community Health Needs Assessment. Based on this training, a process was developed for the Thumb Area that would allow for consistent data collection. This consistent data collection would allow for county and regional aggregation of data. In addition to the local hospital plans and activities, this process would allow for greater impact of countywide and regional projects and initiatives. The process was developed based review of the University of North Dakota Model[1]:

- Step 1: Establish a local and regional timeline
- Step 2: Convene county teams to manager logistics of assessment activities
- Step 3: Develop and Administer Survey Instrument*
- Step 4: Design and implement Community Focus Groups in local hospital communities*
- Step 5: Design and implement Key Stakeholder Interviews or county agencies*
- Step 6: Produce localized hospital reports based on survey zip code data, local focus groups, and county interview data
- Step 7: Have local hospitals hold Implementation Planning Meetings
- Step 8: Have local hospitals prepare a written CHNA Report and Implementation Plan
- Step 9: Produce county and regional reports
- Step 10: Convene county and regional meetings to review reports
- Step 11: Monitor Progress

McLaren Caro Region contracted with the Michigan Center for Rural Health to replicate the local-level activities for McLaren Caro Region for this Needs Assessment.

* In order to utilize the trifecta model, these three data collection methods were consistent in scope and question topics.

Representing the Community and Vulnerable Populations

Define the Community Served

Tuscola County is a rural county located in the Thumb of Michigan. A population of 52,764 resides in the county. The following charts showcase characteristics of the population.

Indicator	Michigan	Huron	Sanilac	Tuscola
Population	9962311	31280	41269	52764
% below 18 years of age	21.8	19.3	21.7	20.6
% 65 and older	16.7	24.6	21	19.8
Non-Hispanic African American	13.8	0.5	0.5	1.2
% American Indian and Alaskan Native	0.7	0.4	0.6	0.6
% Asian	3.2	0.6	0.4	0.3
% Native Hawaiian/Other Pacific Islander	0	0	0	0
% Hispanic	5.1	2.4	3.6	3.4
Non-Hispanic White (below Hispanic)	75.2	95.3	94	93.5
% Not Proficient In English (2014)	1	0	0	0
% Females	50.8	50.5	50.3	49.7
% Rural	25.4	89.5	90.2	84.2

Education Levels

Indicator	Michigan	Huron	Sanilac	Tuscola
High school graduation**	80%	90%	88%	84%
Some college	68%	60%	54%	55%

Household Income

Indicator	Michigan	Huron	Sanilac	Tuscola
Median Household Income	54840	46627	47287	47357

Poverty Rates

Indicator	Michigan	Huron	Sanilac	Tuscola
Children in Poverty: under age 18 living in poverty	20%	20%	22%	20%

ALICE level: household above poverty level, but less than the basic cost of living for county		41%	45%	43%
Poverty Rate – US Census	14.10%	13.40%	14.50%	14.20%

Unemployment

Indicator	Michigan	Huron	Sanilac	Tuscola
Children in Poverty: under age 18 living in poverty	20%	20%	22%	20%
ALICE level: household above poverty level, but less than the basic cost of living for county		41%	45%	43%
Poverty Rate – US Census	14.10%	13.40%	14.50%	14.20%

Common Occupations and Industries

- Health care and social assistance
- Manufacturing
- Retail trade
- Education services
- Construction

Uninsured rates

Indicator	Michigan	Huron	Sanilac	Tuscola
Uninsured	6.1%	6.9%	7.5%	6.0%
Uninsured adults	7.3%	7.6%	8.3%	7.0%
Uninsured children	2.9%	4.7%	5.2%	2.9%

2016 CHNA Plan Progress

In 2016, the Community Health Needs assessment priorities identified by McLaren Caro Region included:

1. Access to primary healthcare and providers
2. Access to dental healthcare and providers
3. Mental Health
4. Alcohol use/abuse
5. Health insurance and healthcare costs
6. Healthcare workforce

The following table includes an update on the progress toward activities in the 2016 Implementation Plan:

Priority	Progress/Update

Access to primary healthcare and providers	- Added April K. Fischer, MD (family medicine) in April 2017. She worked Tuesday, Wednesday, and Thursday 8:00 am - 8:00 pm. - Added Ashley Young, NP in October 2017. She worked in Caro for a year and then started a new clinic in Vassar. - Heather Fryers, FNP started in January 2019 in Caro. - Gard T. Adams, MD started part time in July 2019 in Vassar. - Jessica Gibson, MD signed a contract to start in Caro in September 2020. - McLaren Medical Group continues to market for additional providers for Caro.

Access to dental healthcare and providers	- We refer to FOHC, a dental clinic available in Bad Axe for underserved and low income as this is not available in Caro. - The numerous dentists in Caro are taking new patients for ease of access.
Mental Health	- We opened MCR Senior Life Solutions in December 2016 for those 60+ who are suffering from depression and anxiety. - Hosted a Grief & Loss Luncheon for the public in February 2018. Topic - Helping senior adults cope with grief and loss. - Hosted an Alzheimer's Informational Session presented by Dr. Arshad Aqil, Geriatrician, in August 2018. - Hosted a Dementia Presentation along with the Tuscola County Health Department, featuring Neurologist Sunita Tummala, MD. - Working with McLaren Health Care to provide Telepsych in our Emergency Department. - Heather Fryers, FNP sees patients every Wednesday at Tuscola Behavioral Health.
Alcohol use/abuse	- Hosted an Alcohol Use & Abuse luncheon with List Psychological in May 2018. - CEO joined the Michigan Health Improvement Alliance (MiHIA) board in June 2019. - Our social worker provides many resources to the Emergency Department and clinics. - opioid-several grants in region - Drug court being considered as a dual county program-Tuscola/Huron - County collaboration - Active memberships in Coordinating council, human services collaborative council
Health insurance and healthcare costs	- Our financial counselor is working with patients without insurance and helping with the financial assistance paperwork. - CEO working with McLaren Health Plan to increase awareness of them in the Thumb area. - We are working on getting contracts with more insurances to be able to accept more patients.
Healthcare workforce	- We are now able to recruit on the McLaren website since joining McLaren Health Care. - Working with Interns through local colleges specifically 1n business and healthcare management - Partnering with Mid Michigan College to help with Medical Assistant and Phlebotomy classes. - Tech Center students

CHNA Methodology

Surveys:

Sample/Target Population: McLaren Caro Region decided to use non-probability sampling, combining convenience sampling with purposive (judgmental) sampling. In a convenience sample, respondents can be anyone who comes into contact with the researcher or has access to the survey - from people on a street corner or in a mall to those who come across the survey online. In a purposive sample, respondents are recruited based on some characteristic which will be useful for the study. For example, a purposive CHNA survey would target members of clubs and religious congregations in low income neighborhoods or seniors residing in independent living and assisted living facilities. In addition, a mixed sampling design intended to gather a sufficient number of low income, low education and senior citizens to permit an analysis of their health concerns and views on health care services. Although the findings cannot be generalized, they can point out common needs and solutions.

Table 1: Demographic highlights

Age	Respondents were asked their year of birth which was then recoded into quartiles. Of the valid cases, 23.0% were 35 or younger, 26.2% between 36 and 48, 24.1% between 49 and 57, and 26.7% were 58 or older.
Gender	Over three-quarters (82.18%) of the respondents were female and 15.84% male. Another 1.98% reported another gender.
Marital Status	Over three-
Children	A little over one-third (37.37%) of households had children under 18. A little over one-fourth (27.00%) reported being the only member older than 18 of their household. A little under three_fourths (73.00%) reported having more than 2 individuals 18 years and older in their household.
Education	About one-fifth (18.81%) had a high school diploma or less, 20.79% some college, 22.77% a technical/Jr college degree, one-fifth (19.80%) a bachelor's degree and 17.82% a graduate or professional degree.
Employment Status	A little over four-fifths (81.25%) worked full time, 13.75% worked part time and 1.25% held multiple jobs.
Health Sector	A little less than one-third (30.61%) worked for a
Race	89.32% self-identified as White/Caucasian. 4.85% self-identified as Hispanic, 0.97% as African American, and 0.97% as Native American. The remaining 3.88% preferred not to answer.
Household income	Less than one-fourth (16.83%) reported household incomes $24,999 or less; one-fifth (15.84%) between $25,000 and $49,999, and 16.83% between one between $50,000 and $74,999. and a little over one-quarter (37.62%) $75,000 or more.
Housing situation	Over four-fifths (80.77%) reported owning a home. 16.35% rented a home or apartment. The remaining 2.88% reported staying in someone else's home or not having a "home" but

	a place to sleep.
Health Insurance	Approximately three-fifths (61.39%) had health insurance through an employer or union, 12.87% were on Medicare, one-fifth and 7.92% individually purchased a plan. 3.96% reported having Medicare/Medicaid combined with supplemental/other insurance.

Hospitals used in past 2 years	McLaren Caro Region was the most frequently used hospital with 30 of the respondents reporting they used it in the past two years. This was followed by Saginaw with 22 responses, Hills & Dales with 18, and Bay City with 10 responses.
ZIP Codes	Of the 62 Zip codes, the majority (80.65%) lived in 48723 (Caro).

Survey Instrument and Procedures:

The survey instrument contained 34 questions covering Community Assets, Community Concerns, Delivery of Health Care and Demographic Information (Appendix A). The survey was printed and posted online. McLaren Caro Region developed a distribution list identifying public locations surveys. Surveys were also distributed at meetings.

The on-line version of the survey was emailed out to the hospital's distribution list, and distributed on social media, utilizing Qualtrics Survey platform. The Michigan Center for Rural Health compiled and analyzed the results.

Focus Groups:

A focus group of 2 men and 7 women was held on July 25, 2019 at McLaren Caro Region. The focus group was comprised of representatives from: a financial institution, Tuscola ISD, City of Caro, other Medical Professionals, MSU Extension, judicial system, children's services. Ages ranged from mid/late 30s-to 70s The group was facilitated by Sara Morin, notes by Danielle Biskner, both from the Michigan Center for Rural Health.

Participants were told (verbally) that their responses will be treated in a way that will not reveal their name and that their responses will be combined with others in any reports. They were told that due to the closeness of the community, complete confidentiality in reporting their responses cannot be ensured.

The facilitator followed a script (see Appendix E) and engaged the group in several procedures including asking participants to review and comment on a list of potential health concerns that may affect the community as a whole; using post it notes on an easel pad; and group discussion/brainstorming. A PowerPoint presentation via a projector was used to show the question in the front of the room as well as verbally. A prioritization process was not conducted since that will happen in the follow up focus group after the survey and initial report is shared and reviewed.

Stakeholder Interviews:

McLaren Caro Region hospital administration selected three organizations for input and suggested an individual at these organizations. The individuals interviewed agreed and provided consent to participate. Individuals participating in interviews but were assured that their responses would not be connected to their name. Sara Morin, Michigan Center for Rural Health, conducted the interviews over the phone, with Danielle Biskner, Michigan Center for Rural Health, taking notes. The interview followed a similar script as was used for the focus groups.

Secondary Data

Table 1: Major Data Sources for CHNA

Public Health Statistics			
Source/Participants	**URL or Citation**	**Dates of Data**	**Additional Descriptors**
Michigan Profile for Healthy Youth	https://www.michigan.gov/mde/0,4615,7-140-74638_74639_29233_44681---,00.html	2017-2018	Local data from surveys of 7th, 9th, and 11th grade students is compared to county data. State and national data using the MIPHY was not available. 9th- 12th grade Youth Behavior Risk Factor survey data was used for state and national statistics.
County Health Ranking	https://www.countyhealthrankings.org/rankings/data/MI	2019	Includes a wide variety of statistics. Many statistics represent a combined score and reflect multiple years of data.
Governing)	https://www.governing.com/gov-data/health/county-suicide-death-rates-map.html	2012-2016	
Up North Live	https://upnorthlive.com/news/local/alice-at-a-glance-interactive-county-by-county-look-at-michigan-income-and-poverty-levels-03-21-2019	2017	
US Census	https://www.census.gov/prod/cen2010/doc/dpsf.pdf	2017	Includes data from the American Community Survey (5-year averages), Census Demographic profiles from the 2010 Census, and subtopic data sets.
HRSA Data	https://data.hrsa.gov/tools/shortage-area/hpsa-find	2018	
Dartmouth Atlas Project	https://www.dartmouthatlas.org/interactive-apps/medicare-reimbursements/#county	2015	
Kids Count	https://mlpp.org/kids-count/michigan-2019-data-book/	2014-2016	Includes a variety of data from Michigan Department of Community Health, Department of Human Services, and Department of Education.
Healthcare Utilization Data			
Community Survey			
Community Survey	131 community members participated in survey.	2019	Questions included rating draft priorities, open ended questions, and input on the current healthcare services provided in the community.
Focus Group/Community Stakeholder			
Focus Group	9 community members participated in focus group.	2019	Meeting included discussion of questions that were also utilized in individual interviews.
Individuals Stakeholders	2019 Focus Group Participants and Key Stakeholders	2019	Results from interviews & meetings were included in survey report.

Limitations

The survey employed a non-probability sampling, combining convenience sampling with purposive (judgmental) sampling.

Surveys were available on-line and paper surveys were distributed at a variety of locations. This resulted in some skewed demographics. Respondents were disproportionately female (82.8%), 81.25% reported working full time, and 89.32% self-identified as white/Caucasian.

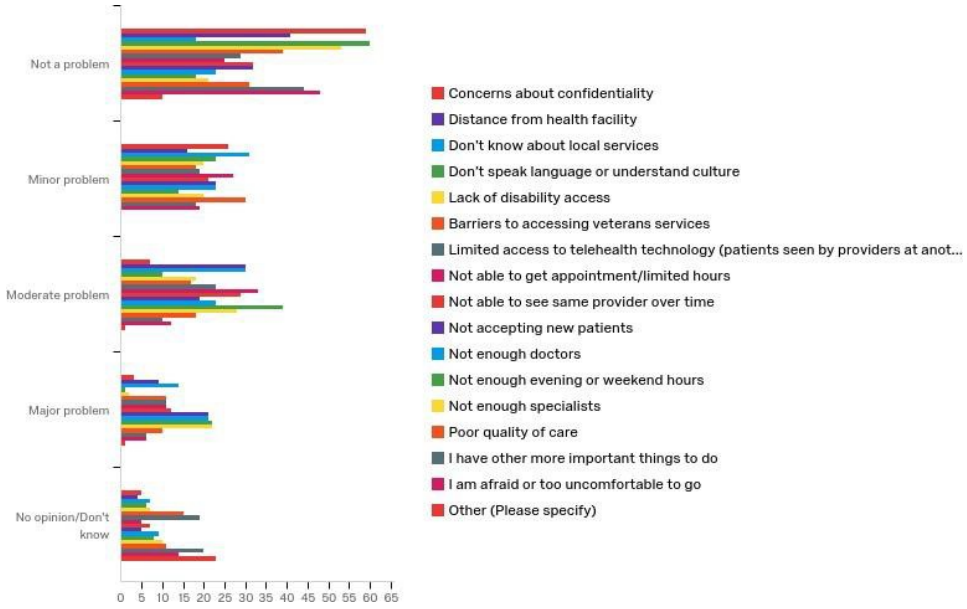
Findings

Companion documents are available for the information included in this report. The following pages summarize the key information utilized by the committee. Information has been organized into three categories; however, most of the data is inter-related. The information shown reflects Survey responses.

Access to Care

Table 2 contains responses to Q17. Please rate how much the following issues prevent you or other community residents from receiving health care. Responses were on a four point scale from 1 = not a problem to 4 = major problem.

Table 2: Q17 Issues that prevent receiving health care



The top responses for "Major Problem" are listed here:

#	Answer	Count
1	Not enough evening or weekend hours	22
1	Not enough specialists	22
2	Not enough doctors	21
2	Not accepting new patients	21
3	Don't know about local services	14

Table 3 contains responses to Q16: "What cost considerations prevent you or other community residents from receiving health services?" Respondents were encouraged to choose ALL that apply.

Table 3 shows that the number one cost consideration preventing receiving health services was high deductible or co-pay with one-third (33.20%) of the responses. The second largest was not having insurance with 19.26% of the responses.

TABLE 3 Q16. Cost considerations prevent receiving health services

#	Answer	%	Count
1	High deductible or co-pays.	33.20%	81
2	No insurance.	19.26%	47
3	Providers do not take my insurance.	18.85%	46
4	Insurance denies services.	17.21%	42
5	Not affordable services.	10.66%	26

It is not surprising that 33.20% of respondents picked high deductibles and copays. In theory, both deductibles and copays are cost sharing devices designed to prevent policy holders from making small nuisance claims or seeking health care unnecessarily. The charges have to be just large enough to influence people's decisions, and not so big as to keep people from getting the care they need. Consumers are asked to decide ahead of time between plans that have lower premiums but higher deductible (which they would prefer if they are less likely to need health care) vs higher premiums but lower deductibles (which they would prefer if they are more likely to need health care). Theoretically, this balances risk with cost.[3] Unfortunately, the costs of premiums, deductibles and copays have steadily increased, making cost a determining factor in obtaining health insurance.

In terms of CHNA implementation, although hospitals and health departments may adjust their own copays, they have almost no ability to change insurance deductibles.

Although 19.92% of respondents answered that they had no health insurance, 41.4% thought that not having insurance prevents themselves or community residents from receiving health services. This is more than double the Census Bureau's 2014 estimate[4] of 15.1% to 20.0% uninsured in Tuscola County.

The question may reflect a concern with the costs of purchasing health insurance through healthcare.gov rather than indirectly measuring the population not having any health insurance.

Community Concerns

The survey asked questions about five areas of concerns. The top concerns are summarized below.

[3] Kunreuther, H. and Pauly, M. (2005). Insurance Decision-Making and Market Behavior. *Foundations and Trends*® in *Microeconomics*. 1:2 p 63-127.
[4] US Census Bureau 2014 Small Area Health Insurance Estimates (SAHIE) Insurance Coverage Estimates: Percent Uninsured: 2014 https://www.census.gov/content/dam/Census/library/visualizations/2014/demo/f1-map.jpg

The challenges faced by the community included: **Table 4. Q6**

What are the major challenges facing your community?	#
Lack of jobs/poverty	28
Infrastructure (roads, etc)	8
Lack of youth wellness opportunities/activities	6
Bullying	5
The rise in crime	4

The concerns about the community's health included: **Table 5. Q7**

#	Answer	%	Count
1	Awareness of local health resources and services.	18.40%	53
2	Access to healthy food.	15.63%	45
3	Assistance for low-income families.	15.28%	44
4	Access to exercise and fitness activities.	14.24%	41
5	Access to health education.	12.50%	36

Concerns about the quality of life in the community: **Table 6. Q8**

#	Answer	%	Count
1	Jobs with livable wages.	23.39%	69
2	Attracting and retaining young families	15.59%	46

3	Affordable housing.	12.20%	36
4	Adequate school resources.	11.86%	35
5	Adequate youth activities.	8.81%	26

Concerns about availability of health services: **Table 7. 09**

#	Answer	%	Count
1	Availability of doctors and nurses.	19.12%	48
2	Availability of mental health services.	13.55%	34
3	Ability to get appointments.	10.36%	26
4	Availability of dental care.	8.37%	21
4	Availability of wellness and disease prevention services	8.37%	21
4	Availability of substance abuse/treatment services.	8.37%	21

Concerns about the community's safety and environment: **Table 8. 010**

#	Answer	%	Count
1	Traffic safety, (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use).	16.17%	43

2	Crime and safety.	12.41%	33
2	Physical violence, domestic violence (spouse/partner/tamily).	12.41%	33
3	Air quality.	11.28%	30
4	Water quality (i.e. well water, lakes, rivers).	10.90%	29
5	Emergency services (ambulance & 911) available 24/7.	10.15%	27

Concerns about the delivery of health services: **Table 9. 011**

#	Answer	%	Count
	Cost of prescription drugs.	24.80%	61
2	Extra hours for appointments, such as evenings and weekends.	23.17%	57
3	Quality of care.	19.51%	48
4	Sharing of information between healthcare providers.	10.16%	25
5	Availability of affordable vision care.	6.50%	16

Concerns related to Vulnerable Populations

One purpose of the CHNA is to address perceptions and concerns of and about vulnerable populations. Vulnerable populations include youth, seniors, females, low education, low income and race/ethnicity.

The survey instrument asked all respondents for their concerns about youth and seniors (see Appendix C).

Table 4 below shows that the largest concern about youth physical health was youth obesity, which accounted for one-fifth (20.12%) of the responses. The second largest concern was cancer in youth, chosen 19.20% of the time.

Table 4. Q12b Top 3 concerns physical health in your community (youth frequencies)

#	Answer	%	Count
1	Obesity/Overweight.	20.12%	65
2	Cancer.	19.20%	62
3	Diabetes.	11.15%	36
4	Poor nutrition, poor eating habits.	9.91%	32
5	Heart disease.	8.67%	28

Table 5 shows that the largest concern with mental health and substance abuse with 12.24% of the responses was depression. The second largest concern (11.64% of the responses) was adult mental health.

Table 5. Q13b Top 3 concerns mental health substance abuse in your community (youth frequencies)

#	Answer	%	Count
1	Depression.	12.24%	41
2	Adult mental health.	11.64%	39
3	Adult drug use and abuse (including prescription drug abuse).	10.15%	34

4	Youth bullying.	9.85%	33
5	Youth drug use and abuse (including prescription drug abuse).	8.36%	28

As shown in Table 6, below, the top concern with the senior population in their community was the cost of medications with 20.27% of the response). The second largest at 12.71% of the responses the availability of resources to help the elderly stay in their homes. The third largest concern availability of activities for seniors (11.00%).-

Table 6. Q14 Top 3 concerns about senior population in your community

#	Answer	%	Count
1	Cost of medications.	20.27%	59
2	Availability of resources to help the elderly stay in their homes.	12.71%	37
3	Availability of activities for seniors.	11.00%	32
4	Availability of resources for family and friends	9.28%	27
5	Caring for elders such as respite care.	8.93%	26
5	Dementia/Alzheimer's disease.	8.93%	26

Secondary Data

The following Thumb Report Card illustrates how each county compares to data from the state.

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	**Health Outcomes (county rank)**	2019		50	52	31
CHR	**Length of Life (county rank)**	2019	2019	64	56	43
CHR	Years of Potential Life Lost per 100,00	2019	7553	8356	8007	7407
CHR	Age adjusted mortality per 100,000	2019	366	387	383	369
CDC	Heart Disease Death Rate	2019	388	446	455	415
CDC	Cancer Related Deaths	2016	166.1	179.9	175	177.4
GOV-Data	Deaths due to suicide	2012-2016	14.1	19.5	17	15
CHR	Child Mortality (under 18) per 100,000	2019	54	NA	20	22
CHR	Infant Mortality (Under age 1) per 1000	2019	7	NA	NA	NA
CHR	**Quality of Life (County Rank)**	**2019**		**25**	**45**	**21**
CHR	Poor or Fair Health	2019	17%	14%	16%	16%
CHR	Average # of Poor physical health days (In past 30 days)	2019	4.3	4.1	4.1	4.1
CHR	Frequent physical distress (>14 days-past 30 when physical health was not good)	2019	13	12	12	12
CHR	Average # of Poor mental health days (In past 30 days)	2019	4.4	4.2	4.3	4
CHR	Frequent mental health distress (>14 days-past 30 when physical health was not good)	2019	14	12	13	13
PHY	7th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	29.10%	35.10%	37.70%
PHY	9th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	38.10%	44.60%	40.20%
PHY	11th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	35.70%	38.40%	46.00%
CHR	Low birthweight (<2500 grams; 5lbs, 8oz)	2019	8%	7%	7%	6%
CDC	Cancer Incidence (Age adjusted Rate)	2012-2016	449.8	456.6	416.9	466.1
CDC	Cardiovascular Discharges Incidence (Age Adjusted-Acute Myocardial Infarction)	2014-2016	56.7	54.5	56.5	59.6
CDC	Cardiovascular Discharges Incidence (Age Adjusted Rate-Congestive Heart Failure)	2014-2016	58.5	49.3	57.4	55.7
CDC	Cardiovascular Discharges (Stroke)	2014-2016	49.7	52.9	50.3	49.4
CDC	Diabetes Discharges Incidence	2013		10.8	10.2	12.6

CHR	Diabetes Prevalence** (age 20+ diagnosed with diabetes, 2012)	2019	11%	12%	12%	10%
CHR	HIV Prevalence per 100,000	2019	175	29	48	28

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	**Health Factors (County Rank)**	2019		25	48	47
CHR	**Health Behaviors (county rank)**	2019		25	32	51
CHR	Obesity	2019	32%	33%	34%	31%
PHY	7th Grade Obesity (>95th and 85th percentile)	2017-2018	NA	17.70%	14.40%	16.30%
PHY	9th Grade Obesity (>95th and 85th percentile)	2017-2018	NA	21.40%	19.70%	23.50%
PHY	11th Grade obesity (>95th and 85th percentile)	2017-2018	NA	17.70%	25.90%	21.60%
CHR	Limited access to Health Foods: % of low income who don't live close to grocery store	2019	622054	3467	1024	747
CHR	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	2015	7.2	7.3	8	7.9
CHR	Food Insecurity (did not have access to a reliable source of food in the past year)	2019	1414700	3590	5090	6550
CHR	Physical Inactivity: no leisure-time physical activity	2019	22%	24%	25%	28%
PHY	7th Grade-60 minutes of physical activity for at least 5 of 7 past days	2017-2018	NA	64.60%	66.20%	58.60%
PHY	9th Grade- 60 minutes of physical activity for at least 5 of 7 past days	2017-2018	NA	66.60%	53.80%	62.20%
PHY	11th Grade- 60 minutes of physical activity for at least 5 of 7 past days	2017-2018	NA	55.80%	59%	55.80%
CHR	Average # of Poor mental health days (In past 30 days)	2019	85%	60%	39%	59%
CHR	Frequent mental health distress (>14 days-past 30 when physical health was not good)	2019	20%	17%	18%	19%
PHY	7th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	1.90%	1.40%	3.70%
PHY	9th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	8.20%	14.40%	5%
PHY	11th grade students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities-past 12 months	2017-2018	NA	14.70%	9.40%	11.20%
CHR	% of individuals in a county who live reasonably close to a location for physical activity such as parks.	2017	11%	20.40%	23.20%	22.60%
CHR	Adult Smoking (every day or most days)	2019	21%	19%	21%	22%
PHY	7th Grade youth who smoked cigarettes during the past 30 days	2019	29%	34%	30%	37%
PHY	9th Grade youth who smoked cigarettes during the past 30 days	2017-2018	NA	6.70%	2.80%	6.60%
PHY	11th Grade youth who smoked cigarettes during the past 30 days	2017-2018	NA	24.70%	27.50%	15.50%
KC	Live Births to Women Who Smoked During Pregnancy	2017-2018	NA	37.10%	29.90%	34.60%
CHR	Excessive Drinking (Binge- 5+ drinks or daily drinking)	2017-2018	NA	12%	12%	10%
CHR	Alcohol Impaired Driving Deaths (% of all driving deaths)	2017-2018	NA	29	48	28
PHY	7th grade students who had at least one drink of	2017-	NA	6.70%	2.80%	6.60%

	alcohol during the past 30 days					
PHY	9th grade students who had at least one drink of alcohol during the past 30 days	2017-2018	NA	24.70%	27.50 %	15.50%
PHY	11th grade students who had at least one drink of alcohol during the past 30 days	2017-2018	NA	37.10%	29.90 %	34.60%

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
PHY	7th grade students who used marijuana during the past 30 days	2017-2018	NA	1.10%	2.10%	3.90%
PHY	9th grade students who used marijuana during the past 30 days	2017-2018	NA	10%	16.90%	10.90%
PHY	11th grade students who used marijuana during the past 30 days	2017-2018	NA	9.20%	15%	25.60%
CHR	Drug Overdose Deaths: drug poisoning deaths per 100,000	2019	24	24	17	13
CHR	Motor Vehicle Crash Deaths: traffic accidents involving a vehicle per 100,000	2019	10	18	13	17
CHR	Sexually transmitted infections: diagnosed chlamydia cases per 100,000	2019	462.9	175.6	197.7	258.5
PHY	7th grade students who ever had sexual intercourse	2017-2018	NA	10.20%	4.50%	8.10%
PHY	9th grade students who ever had sexual intercourse	2017-2018	NA	19.00%	25.40%	17%
PHY	11th grade students who ever had sexual intercourse	2017-2018	NA	53.10%	50.50%	49.80%
CHR	Teen Births (# of births per 1,000 female population, ages 15-19)	2019	22	18	22	23
KC	Percent of Total Births to Mothers Age < 20	2019		18%	22.60%	23%
CHR	Insufficient Sleep: adults who report fewer than 7 hours of sleep on average	2019	37%	34%	35%	36%
CHR	Clinical Care (Country Rank)	2019		38	78	46
CHR	Uninsured Adults: 18 to 65 that has no health insurance coverage in a given county	2019	456420	1435	2231	2303
CHR	Uninsured Children: <19 that has no health insurance coverage	2019	69704	242	471	384
DART	Health care costs: price-adjusted Medicare reimbursements (Parts A and B) per enrollee	2015	$10,699.57	$11,470.43	11,483.03	$11,062.38
CHR	Primary Care: ratio of the population to total primary care physicians. Higher= less access	2019	1261/1	1852/1	3764/1	2963/1
CHR	Ratio of other Primary Care Providers: nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists	2019	94	1920:00:00	53	57
CHR	Dentists: ratio of the population to total dentists. Higher= less access	2019	1358/1	1840/1	3439/1	2777/1

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
CHR	Mental Health: ratio of the population to total mental health providers. Higher= less access	2019	400:01:00	890:01:00	700:01:00	390:01:00
HRSA-DATA	Provider Shortage Designations	2018		13	10	23
KC	Live Births to Women With Less Than Adequate Prenatal Care	2014-2016		19.50%	33.10%	33.30%

CHR	Preventable Hospital Stays: discharge rate for ambulatory care-sensitive conditions per 1,000	201		423	515	

CHR	Diabetic Monitoring: Medicare enrollees ages 65-75 that receive HbA1c monitoring	2OH	86°/i	85°/i	88°/i	85°/i
CHR	Mammography Screening: female Medicare enrollees ages 67-69 that receive mammography screening	2OH	43°/i	45°/i	4O°/i	44°/i
CHR	**Social & Economic Factors (county rank)**		**2019**	**23**	**44**	**43**
CHR	High School Graduation:% of students who graduate high school in four years.	**20H**	**80**	9C	**88**	**84**
CHR	Some College: adults ages 25-44 with some post- secondary education; no degree	**20H**	68°/i	6O°/i	54°/i	55°/i
KC	Births to Mothers Without a High School Diploma/GED		**2014-2016**	7.3O°/i	18.6O°/i	11.7O°/i
KC	Children age 3-4 enrolled in preschool.		**2014-2016**	58.1OO/i	4.3O°/i	67.OO0/i
CHR	Unemployment: ages 16+ but seeking work	**20H**	4.6O°/i	5.3O°/i	6.OO0/i	6.4O°/i
CHR	Median Household Income: half the households earn more and half the households earn less than this income	**20H**	**5484(**	**4662'i**	**47287**	**47357**
CHR	Income inequality: Higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum	**20H**	**4.7**	4	**4.3**	**3.9**
CHR	Children In Single Parent Households	**20H**	34°/i	32.OO0/i	*m.00⁰A*	26.OO0/i
KC	Children Eligible For Free Lunch:% enrolled in public schools eligible for free lunch	2O1'		51.OO0/i	7.4O°/i	57.9O°/i
KC	Children in Poverty: under age 18 living in poverty	**2017**		2O.4O°/i	2.1OO/i	19.8O°/i
UNL	ALICE level: households above poverty level, but less than the basic cost of living for county.	**2017**		**41**0fi	45°/i	43°/i
US-Census	Poverty rate- **US** Census	**2017**	14.1O°/i	13.4O°/i	14.5O°/i	14.2O°/i

Source	Indicator	Year	Michigan	Huron	Sanilac	Tuscola
KC	Rate per 1,000 Children Ages O-8 Who Are Substantiated Victims of Abuse or Neglect	201,	18.	22.	3H	23.t
KC	Change in rate per 1,000 Children Ages 0-8 Substantiated Victims of Abuse or Neglect	201,	NJ!	105°/i	88.50°/i	7.1OO/i
KC	Rate per 1,000 of Children Ages O- 8 in out-of- home care	201,	5.1	*4.E*	4	4.
PHY	7th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2017-20H		72.40°/i	72.90°/i	68°/i
PHY	9th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2017-20H		65.20°/i	67.90°/i	64.1OO/i
PHY	11th grade students who have seen students get pushed, hit, or punched one or more times during the past 12 months	2017-20H		49.40°/i	50.00°/i	50.1OO/i
CHR	Violent Crime Rate: offenses that involve face-to-face confrontation per 100,000.	20H	44	16	26L	27
CHR	Homicides: deaths per 100,000	20H	6	NJ!	NA	NA
CHR	Injury Deaths: intentional and unintentional injuries per 100,000	20H	7'1	83	67	71
CHR	Social associations: number of associations per 10,000 population	20H	9.	19.1	1H	13.E
CHR	Residential Segregation Black White: degree to which live separately in a geographic area (0 integration to 100 segregation)	20H	73	NP	58	47

	McLaren Caro Region Community Health Needs Assessment 2019 Co				2016	
CHR	Residential Segregation nonwhite-white: degree to which live separately (0 integration to 100 segregation)	2019	60	19	33	29
CHR	**Physical Environment (county rank)**	**2019**		**53**	**32**	**42**
CHR	Air Pollution Particulate Matter: average daily density	2019	8.4	9	9.8	9.7
CHR	Drinking water violations: Yes=presence	2019		Yes	No	No
CHR	Severe Housing Problems: at least 1 of 4 problems- overcrowding, high housing costs, or lack of kitchen or plumbing	2019	16%	12%	13%	14%
CHR	Driving Alone To Work: percentage of the workforce that usually drives alone to work.	2019	83%	83%	78%	80%
CHR	Long Commute Driving Alone: Greater than 30 minutes	2019	33%	23%	37%	41%

NOTE: The Thumb Rural Health Network Report may be beneficial in Regional conversations about need and also can shed some light as a region as to trends. This report did not include county or Michigan comparisons and therefore did not lend well to inclusion in the report card table.

Source Key

CHR- County Health Ranking
PHY- Michigan Profile for Healthy Youth
GOV-DATA- Governing Data
UNL-Up North Live
KC-Kids Count
HRSA DATA- HRSA Data
DART-Dartmouth Atlas Project

Prioritization

Prioritization Process

A CHNA helps to direct resources to the issues that have the greatest potential for improving the health of the community. Successfully addressing priority issues increases life expectancy, improves quality of life, and results in a savings to the healthcare system.

Implementation Meeting

McLaren Caro Region began the prioritization process by reviewing the data described in the findings section of this report. The Implementation meeting was held with the McLaren Caro Region Board of Directors and the Hospital Executive and Marketing Teams. The meeting participants also reviewed the follow list of concerns revealed in focus groups:

Top Community Concerns by

Category: Community and Environmental

Concern	Number of Responses
Poverty	7
Child Abuse	7
Not enough public transportation/cost of public transportation	6
Physical violence, domestic violence, sexual abuse	6
Bullying	5

Physical, Mental Health, Substance Abuse Concerns (Adults)

Concern	Number of Responses
Obesity/overweight	8
Alcohol use and abuse	7
Drug use and abuse (including prescription drug abuse)	6
Depression	6
Poor nutrition/eating habits	5
Suicide	5
Diabetes	5
Heart disease	5

Concerns about health services

Concern	Number of Responses
Different health care providers having access to health care info and working together to coordinate care	3
Ability to retain doctors and nurses in community	3
Availability of mental health services	3
Availability of specialists	3
Cost of health care services	3
Cost of health insurance	3

Concerns related to youth and children

Concern	Number of Responses
Youth obesity	7
Youth mental health	7
Youth hunger and poor nutrition	6
Youth tobacco use	5
Not enough activities for children/youth	5
Youth suicide	5

Concerns related to the aging population

Concern	Number of Responses
Availability of resources for family and friends caring for elderly	3
Being able to meet the needs of the older population	2

Participants also reviewed the identified concerns revealed in the Stakeholder Interviews:

Community and environmental:

Concern	Number of Responses
Poverty	3
	2
Attracting and retaining young families	1
Changes in population size (decreasing)	1
Having enough (quality/licensed) daycare services	1
	1
	1

Physical, Mental Health, Substance Abuse Concerns (Adults)

Concern	Number of Responses
Alcohol use and abuse	2
Suicide	2
Obesity/overweight	2
Diabetes	1
Heart disease	1
Dementia/Alzheimer's disease	1
Depression	1
Poor nutrition, poor eating habits	1
Smoking and tobacco use/exposure to second-hand smoke	1

Concerns about health services

Concern	Number of Responses
Availability of specialists	2
Availability of dental care (Medicaid)	2
Availability of doctors and nurses	1
Ability to retain doctors and nurses in the community	1
Cost of health care services	1
Cost of health insurance	1
Adequacy of health insurance (concerns about out-of-pocket costs)	1

Concerns relating to the aging population

Concern	Number of Responses
Availability of resources for family and friends caring for elderly	2
Being able to meet the needs of the older population	1
Availability of resources to help the elderly stay in their homes	1

Concerns related to youth and children

Concern	Number of Responses
Youth suicide	3
Youth mental health	2
Not enough activities for children/youth	1
Youth obesity	1
Youth alcohol use and abuse	1

The meeting participants used a prioritization process that included analysis of issues located in multiple data sources. Participants reviewed the ballot below and were asked to indicate their top 5 concerns: the results are in the right-hand column.

POTENTIAL NEEDS In Alphabetical order (Combined indicators from surveys, focus groups, and secondary data)	•=County Need based on data	•=County Need based on interview	• Focus group	•= Survey	**VOTE for your top 5**
1. Abuse and Violence including Bullying	••	•	•	o	1
2. Access to Dental Healthcare and Providers		•	•	o	
3. Access to Emergency Care		•	•	o	
4. Access to in home healthcare and supports		•	•	o	
5. Access to long term healthcare services			•	o	
6. Access to Prenatal Care		•		o	
7. Access to Primary Healthcare and Providers	•	•	•	o	3
8. Access to Public Health Services and Providers		•	•	o	
9. Access to specialized healthcare services			•	o	3
10. Access to Vision Healthcare and Providers				o	
11. Alcohol Use/Abuse	••	•	•	o	1
12. Cancer		•	•	o	
13. Diabetes			•	o	3
14. Education	•	•		o	1
15. Environmental Health			•	o	
16. Families Services and Supports	•	•	•	o	

17. Health Education and Awareness		•	•	o	5
18. Health Insurance and Healthcare Costs			•	o	
19. Healthcare Workforce	•	•	•	o	4
20. Heart Disease	•••		•		2
21. Local Economic Conditions	••	•	•	o	1
22. Lung Disease and Asthma				o	
23. Mental Health	•	•	•	o	4
24. Nutrition		•	•	o	1
25. Obesity	•	•	•	o	2
26. Personal Attitudes to Health and Healthcare		•	•	o	2
27. Physical Activity	••		•	o	2
28. Quality of Healthcare		•	•	o	2
29. Reproductive Health	•	•	•	o	
30. Safety and Violence		•	•	o	
31. Senior Support Services		•	•	o	1
32. Social Conditions	•	•	•	o	
33. Social Emotional Support		•	•	o	2
34. Substance Abuse	•	•	•	o	3
35. Teen Births	•			o	
36. Tobacco Use	(prenatal)		•	o	
37. Traffic Safety	••		•	o	
38. Transportation		•	•	o	2

The group reviewed the results, and combined into 3 overall themes and brainstormed ideas that could be implemented to meet the need:

1. Health Education and Awareness
    a. Lunch and learns – host quarterly for the public
    b. Leadership speaks to service organizations at least annually
    c. Hosts flu shot events with community organizations
    d. Colorectal screenings
    e. Wellness Wednesday Healthcare Screenings
2. Access to Primary and Specialized Providers
    c. Education-Marketing
    d. New provider coming in Fall 2020
    e. McLaren Now-Physician visit online
    f. Closing the loop: ED to PCP
    g. Telehealth active in cardiology, psychiatry (in ED), infectious diseases and neurology
    h. Changing provider hours to better accommodate the community
3. Healthcare Workforce
    a. Grow your own
    b. Internships
    c. Make it appealing-retention
    d. Employee engagement
    d. Foundation scholarships to pursue medical career
    e. Financial assistance for employees
    f. Internal Job Fair
    g. Recruit via mclaren.org
    h. Continue partnership with Mid Michigan College
    i. Tech Center students

Assess existing resources that are addressing priorities

Identified Needs & Available Resources

The next step in the resource assessment was to group needs into categories. The categories are listed on Table 4 along with the resources that are provided by the hospital and the community.

Community Health Needs & Resources

Category	Need	Current McLaren Caro Region Efforts	Current Community Efforts
Access to Care	**Need** • Access to primary healthcare and providers • Access to dental health	1. Specialty clinic offering various specialty medical providers: a. Dermatology b. Nephrology c. Cardiology d. Pulmonology e. Orthopedics f. Neurology g. Gynecology h. Endocrinology i. Oncology j. Neurosurgery k. And more 2. Primary care clinic in Caro. 3. After Hours Clinic with evening and weekend hours opening soon 4. Students from CMU College of Medicine 5. Use of mid-level practitioners 6. Ongoing advertising of physicians to increase consumer awareness	**County Programs** 1. Adult day services and Foster Care Homes 2. Human Development Commission 3. Subsidized Housing Assistance, Independent and Assisted Living, long term care homes 4. Region VII Area Agency on Aging and Huron County Council on Aging 5. Legal services for seniors- Port Huron Office 6. A&D Home Care and BWCIL provides Nursing Home Transition services 7. BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing 8. Homeless Coalition- Emergency Shelter, security deposits rental arrearages 9. Lakeshore Legal Aid **Local Programs** 1. HDC-Home delivered meals
Specialty Services	**Need** • Mental Health • Alcohol use/abuse	1. Referrals to local Mental Health providers through hospital and primary care 2. Invite mental health providers to Health Fairs 3. Invite Mental Health providers to host community training onsite 4. Referrals for patients to substance abuse treatment and community support groups such as AA	1. Thumb Area Unity Council: conglomeration of local Alcoholics Anonymous groups. 2. List Psychological, Thumb Area Psychological Services and Thumb Behavioral Health offer substance abuse counseling. 3. Thumb Area Psychological Services based in Cass City. 4. Thumb Behavioral Health, List Psychological and other mental health providers.

	Hospital need based on survey	5. Substance Abuse screening and treatment referral in primary care clinics	
Health Insurance & Healthcare Costs .	**Need** • Health insurance and healthcare costs	1. Financial Assistance Program 2. Working with new insurance companies to be in their network 3. Financial Counselor 4. Payment Plans 5. Online Bill Pay 6. Annual Community Health Fair 7. Low-cost sports physicals for local students 8. Program for uninsured or those with high deductibles to get cost-effective lab work	**County Programs** 10. Adult day services and Foster Care Homes 11. Human Development Commission 12. Subsidized Housing Assistance, Independent and Assisted Living, long term care homes 13. Region VII Area Agency on Aging and Huron County Council on Aging 14. Legal services for seniors- Port Huron Office 15. A&D Home Care and BWCIL provides Nursing Home Transition services 16. BWCIL is the Housing Assistance Resource Agency (HARA) for the Thumb Area Continuum of Care. Provides homeless prevention and rapid re-housing 17. Homeless Coalition- Emergency Shelter, security deposits rental arrearages 18. Lakeshore Legal Aid **Local Programs** HDC-Home delivered meals
Recruitment and Retention	**Need** • Healthcare Workforce	1. Ongoing, active recruiting efforts of medical staff 2. Competitive wage/benefit packages 3. Continually updating employee benefits package 4. Internationals 5. Medical Opportunities of MI (MCRH)	

Written CHNA Report and Implementation Plan

- The CHNA report was completed in draft form in September 2019.
- The Implementation Plan is currently in development and will also be posted to the hospital website with final approval by the Hospital Board of Directors XXXX

Additional Documents (Available Upon Request)

- Survey Instrument
- Full survey results
- Focus Group Notes
- Stakeholder Interview Notes
- Prioritization Meeting PowerPoint